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TAGS: [PREF](#) [EAID](#) [TI](#)
SUBJECT: FY2009 TAFT FUND FOR REFUGEES PROPOSAL

REF: STATE 14280

1.Summary: Per reftel, post would like to submit a proposal for this year's Julia Taft Fund for Refugees that will benefit Afghan refugees in the Vakhdat district outside of Dushanbe where many Afghan refugees in Tajikistan have been forced to settle. Post proposes supporting purchase of several pieces of key medical equipment for the central hospital in this district and using hospital facilities for basic healthcare training sessions that will bring together NGO experts, hospital specialists, and the local Tajik and refugee population on healthy lifestyle practices and prevention of HIV/AIDS, STDs and drug addiction. End summary.

Refugee Population in Tajikistan

¶2. The refugee population in Tajikistan is mainly Afghan - almost 99% of ethnic Tajik background - and resides mainly in the capital and surrounding regions and in the northern city of Khujand in Sughd province. The refugee population includes about 600 fairly integrated long staying refugees who arrived in the early 1990s after the fall of the Najibullah regime. While the number of these earlier Afghan refugees in Tajikistan reduced dramatically since 2001 due to voluntary repatriation and resettlement programs, recent developments in Afghanistan have spurred an increase in new arrivals. As of April 2009, Tajik government statistics indicated 2276 officially recognized refugees and 466 asylum seekers in Tajikistan. According to UNHCR there was an 80% increase in arrivals from Afghanistan in 2008 versus 2007. Given the current situation in Afghanistan and the lack of options to go to other bordering countries, it is expected this increase in arrivals from Afghanistan will continue through 2009 and could result in some 4000 refugees in Tajikistan by year end.

¶3. UNHCR notes the protection environment in the country is being affected by the increase of new arrivals. The growing need is placing a strain on the current care and maintenance program, as the amount provided as cash assistance to vulnerable families has almost tripled. The current difficult economic situation in Tajikistan and the poverty level of the local population often leads to a negative attitude towards Afghan refugees.

The Vakhdat 'Region of Republican Subordination'

¶4. The proposed project is intended to benefit the Afghan refugee population and local residents living in the Vakhdat district, a semi-rural community about 25 kilometers east of Dushanbe. In 2000, the Tajik government prohibited refugees from living in 'urban' areas although fact that most of them

already had settled in the largest cities of Dushanbe and Khujand. The UN views this action as in possible violation of the Convention Relating to Status of Refugees. When the number of Afghan refugees began to increase again in 2007-8, the government started enforcing the earlier decrees through a door to door campaign carried out by local militia, forcing those with refugee status to move from the cities to outlying areas. Outside of Dushanbe, refugees resettled in three major communities, Rudaki, Gissar and Vakhdat. Vakhdat is the largest community of Afghan refugees in Tajikistan - where roughly 1000 refugees are living among a local population of about 275,000. Unlike some of the pre-2000 arrivals from Afghanistan, most of the refugees in Vakhdat are relatively poor. The members of this refugee community often depend on the head of household working a 'trading' business in the local markets, tend to have large extended families, and have found resettlement to a rural area often lacking in basic services difficult.

The Healthcare Challenge

15. In general, according to UNHCR, many refugees in Tajikistan are in poor health and some have serious disabilities or chronic diseases which require ongoing medical treatment. Under UNHCR auspices, refugees and asylum seekers are provided free medical care in Dushanbe and Khujand. For residents of Vakhdat, however, given the limited funds refugees have, the transport costs to and from Dushanbe may be prohibitively expensive, especially for ongoing treatments. Refugees in Vakhdat have access to the local hospital and clinics for health care, but, up to now, have had to pay for locally received medicine and

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services, often including 'unofficial' fees. In some cases, they are charged the higher rates for foreigners. Negotiations are underway between the Tajikistan Ministry of Health and the NGO 'Refugee Children, Vulnerable Citizens' (RCVC) that partners with UNHCR. The agreement would require the regional hospital in Vakhdat - the intended recipient of equipment from this grant - to ensure free basic medical services for refugees. Per the agreement, UNHCR and the hospital would split the cost of pharmaceuticals, surgery or hospitalization. Assistance to this hospital would strengthen its ability to fulfill this agreement.

Needs of the Central Vakhdat Hospital

16. The Central Vakhdat Hospital and its affiliate 'policlinic' is the largest healthcare facility in the district with over 13,000 patients, including many refugees, hospitalized there during 2008. The hospital's Chief Physician, Dr. Mirzotillo Umirzokov recently participated in a USAID-funded short term exchange program on hospital management in the U.S. Among the challenges the hospital faces, the doctors cite difficulties in treating gastrointestinal illnesses and childhood diseases. One deficiency in the hospital's ability to treat such conditions is outdated or non-working medical equipment. In severe GI illnesses, an endoscopy is often needed, but since fasting is necessary beforehand and the patient may be weak, the travel to Dushanbe where there is modern equipment can be risky. The hospital has one outdated gastroscope that was 'being repaired' when ConOff visited. Sick children often need a respirator or extra oxygen. The hospital's respirators for children are from the 1980s and do not function to full capacity. The hospital has one oxygen supplying device donated by UNICEF, but can serve only one patient at a time. All of these pieces of medical equipment can be life-saving. Unlike in other refugee communities in Tajikistan, Vakhdat's population has not been educated on awareness and prevention of STDs or HIV/AIDS.

Project Rationale

17. Post proposes a project that will 1) increase the capacity of the main local hospital in Vakhdat handling local refugee medical needs 2) ensure that free of charge medical services for refugees and 3) use the increased collaboration of the hospital with the refugee community to provide a basic health education seminars. Any assistance to this hospital would benefit the overall population of Vakhdat in addition to refugee groups. This is in line with encouraging integration of refugees into the local population and greater acceptance of refugees among the general population.

Implementing Partner: NGO Fidokor

18. Post selected the NGO Fidokor to implement this project. Founded in 1996 with an overall mission of developing civil society in Tajikistan, Fidokor has carried out regional and local projects - many targeted to assisting vulnerable populations. For ten years Fidokor was an implementing partner with UNHCR. Two major programs have focused on HIV prevention and integration of Afghan refugees in Tajikistan. Fidokor representatives are tapped into the leadership of the Afghan refugee community in Vakhdat and have access to regional institutions there as well as trainers and experts in public health issues. Fidokor has been involved in Post-supported refugee projects in the past and is known to Post through work with USAID and other USG grant projects.

Proposed Project: Enhancement of Healthcare for Refugee and Local Population of Vakhdat

19. Through the Taft Fund, Post would like to provide the Central Vakhdat Hospital the following three key pieces of needed medical equipment:

Respirator (for children up to age 14) - \$5,000

Gastroscope - \$11,000

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Oxygen Supplying Device - \$500

Estimated prices were obtained through initial research with medical suppliers in Dushanbe, but time for thorough price/quality comparison is built into project. Project organizers have been assured that the hospital already has the technical expertise and capacity to immediately utilize this equipment.

10. Project details and timeline follow (timetable is flexible depending on project approval):

June - July, 2009

Fidokor Project Director in collaboration with hospital managers will lead comparative analysis of medical equipment suppliers, determine best option for price/quality/local delivery of gastroscope, respirator and oxygen supplying device.

July 2009

Purchase and delivery of equipment to Vakhdat Central Hospital.

July 2009

Translation of existing Fidokor educational/prevention pamphlets on HIV/AIDS and STDs into Farsi (materials used in trainings in other parts of Tajikistan already exist in Russian and Tajik)

August 2009

Inaugural event at Vakhdat Central Hospital: Fidokor will gather Afghan refugee group leaders and Vakhdat local community (jamiyat) leaders for a presentation at the hospital regarding new medical equipment/services. Educational pamphlets on HIV/AIDS and STD prevention will be made available and upcoming health seminars will be announced.

August -September 2009

Preparation and conducting of three one day seminars by experts hired by Fidokor on awareness and prevention of HIV/AIDs, STDs, drug addiction and other aspects of maintaining a healthy lifestyle. Each seminar will have a specific target audience - three separate seminars for men, women and youth - an approach that has worked well in the past on these topics. The Vakhdat Central Hospital again will provide a space for these seminars which will include participation of some physicians from the hospital for consultations during the seminars.

October 2009

Final report due to donor.

Note: throughout the course of the project , project leaders will monitor the provision of free medical services to refugee per agreement with UNHCR.

11. Detailed Budget

Respirator	\$5,000	
Gastroscope	\$11,000	
Oxygen device	\$500	
Seminar costs		
Supplies for participants participants x \$4 x 3)	\$240 (20	
Supplies for trainers	\$150 (\$50 x 3)	
Training module development SHARE BY FIDOKOR)	\$150 (COST	
Lunch/coffee for participants participants x 3)	\$330 (\$5 x 22	
Trainer honoraria trainers x 3)	\$150 (\$25 x 2	
24% salary tax	\$37.50	
Publishing		
Development of health pamphlet COST SHARE BY FIDOKOR)	\$400 (\$200 x 2	
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Translation of pamphlet (Farsi) x 2)	\$100 (\$50	

Duplication 400)	\$800 (\$2 x	
25% salary tax	\$25	
Other Expenses		
Salary of Project Director months)	\$600 (\$140 x 4	
Salary of Project Accountant	\$400 (\$100 x 4)	
Organizational development	\$380	
25% salary tax	\$250	
Totals: (cost share by Fidokor)	\$19,962 (proposed for Taft Fund)	\$550

Expected project results

12. Through provision of medical equipment to the key hospital in the Vakhdat District, this project is intended to address an immediate gap in healthcare services that will impact the large refugee population living in this area. At least 60 local refugees and local Vakhdat residents will receive targeted training on healthy lifestyle practices and specifically on HIV/AIDS, STDs and drug prevention awareness through training modules that have proven successful in other parts of Tajikistan. Educational pamphlets will be distributed more broadly to the population visiting the hospital and polyclinic. We anticipate that the project will enhance the hospital's ability to provide free health services to the refugee population and at the same encourage greater interaction between the refugee and local population jointly attending the health seminars. If this project receives funding, we hope it will open the door for different forms of ongoing collaboration with the hospital in this area where larger number of refugee settlers may be expected and healthcare needs will also increase.

13. Post consulted the Excluded Parties List System and the Department of Treasury Office of Foreign Assets Control before selecting Fidokor as our implementing partner on this project. Post certifies that it has the authority and capacity to award a grant to the intended recipient agency prior to September 30, 2009. Post will forward to PRM via e-mail a signed code of conduct from the intended grantee, Fidokor. Embassy Dushanbe's point of contact for this project is Consular Officer Elisabeth Wilson (WilsonE@state.gov). Post is ready to provide further information as might be needed to assist PRM in considering this project for support by the Julia Taft Refugee Fund.

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